Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

10064817

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			7.2				Г	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			22-minus 20=		* 2			X\$ 9=		OR	X\$18=	36 · -
INDEPENDENT CLAIMS			3 minus 3 =		*		Ī	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	776.	
CLAIMS AS AMENDED - PART II								014411.5	-	· •••	OTHER	
		(Column 1)		(Colur		(Column 3)	_	SMALL		OR I	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	r CLAIM	-		X42=	•-	OR	X84=	
L	FIRST PRESE	NTATION OF M	OLTIPLE DEP	LINDLIN	CLAIM			+140=		OR	+280=	
							L	TOTAL		OR	TOTAL ADDIT. FEE	
	•	(Column 1)		(Colu	mn 2)	(Column 3)	A	DDIT. FEE		ŀ	ADDII. FEE	
		CLAIMS		HIGH		(Column 5)	Г		ADDI-			ADDI-
AMENDMENT B	TANKS (V)	REMAINING AFTER AMENDMENT	100 (100 (100 (100 (100 (100 (100 (100	NUM PREVI PAID		PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM		I	+140=		OR	+280=	
							L	TOTAL			TOTAL	
							A	DDIT. FEE		OR	ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	t	X42=		OR	X84=	<u> </u>
Ľ	FIRST PRESE] -			l Or						
	Manager Street	4 (.)	the entering	ann C arab	. "O" !	olumn 2		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
1	The "Highest Nur	nher Previously P	aid For" (Total o	r Indenen	dent) is th	e highest numbe	er fou	nd in the an	propriate bo	x in co	lumn 1.	